

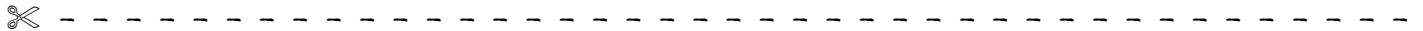
Dear Parent/Carer,

DESIGN TECHNOLOGY – FOOD

During Food Technology lessons, students may need to taste food products. Would you please indicate on the form below if your child has any special dietary needs which could prevent them from tasting certain foods.

Yours sincerely,

Mr G Lowe  
Curriculum Team Leader - Design Technology



The George Eliot School

**Students' Name:** \_\_\_\_\_

I \*do/do not give permission for \_\_\_\_\_ to take part in food tasting activities which form part of the school curriculum.

He/she must not eat the following foods:

_____	_____
_____	_____

Signed: \_\_\_\_\_ (Parent/Carer)

\* Please delete as appropriate

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